

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025222

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 145

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED JUN 17 1963

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		c. CITY OR TOWN <b>Maryville</b>	
Length of stay in 1b <b>77 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>121 Park Avenue</b>	
3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b>ED</b> Last <b>LUNDEEN</b>		4. DATE OF DEATH Month <b>6</b> Day <b>9</b> Year <b>63</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/29/85</b>
9. AGE (last birthday) <b>78</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer - retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>	
11. BIRTHPLACE (City and state or country) <b>Quitman, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Lundeen</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Larsdotter</b>	
14. NAME OF HUSBAND OR WIFE <b>Blanche Winslow Lundeen</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>5</b>		17. INFORMANT Address: <b>Mrs. Blanche Lundeen, Maryville, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last: <b>Gastric Carcinoma</b> DUE TO (b) <b>unknown</b> DUE TO (c) <b>unknown</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Coronary insufficiency</b>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>about 5 months</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>9:15</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year <b>Dec 28, 1962</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Maryville, Missouri</b>	
21. I attended the deceased from <b>Dec 28, 1962</b> to <b>6/9/63</b> and last saw him alive on <b>June 9, 1963</b>		Death occurred at <b>9:15 P.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>M. D. Jacobson</b> (Degree or title)		22b. ADDRESS <b>Maryville, Missouri</b>	
22c. DATE SIGNED <b>6/12/63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>6/13/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Nodaway Memorial Gardens</b>	
23d. LOCATION (City, town, or county) <b>Maryville, Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>6-12-63</b>	
24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo</b>		26. REGISTRAR'S SIGNATURE <b>Bess Bolt</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

510551-010

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 5188

P. O. Address

Mayville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.